

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/17/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G652		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/31/2012	
NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 901 JOSEPH ST GREENSBURG, IN 47240			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
W0000	<p>This visit was for a post certification revisit (PCR) to the annual fundamental recertification and state licensure survey completed on 10/07/2011.</p> <p>Dates of Survey: January 30 and 31, 2012.</p> <p>Surveyor: Dotty Walton, Medical Surveyor III</p> <p>Facility Number: 001190 AIM Number: 100233930 Provider Number: 15G652</p> <p>The following deficiency reflects state findings in accordance with 460 IAC 9. Quality Review completed 2/2/12 by Ruth Shackelford, Medical Surveyor III.</p>		W0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0210	<p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on observation, record review and interview for 1 of 2 sampled clients (#5), the facility failed to ensure the client's mealtime needs were reassessed.</p> <p>Findings include:</p> <p>During observations at the facility on 01/30/12 from 4:55 PM until 6:45 PM client #5 was observed to be served a meal consisting of ravioli in tomato sauce, peaches/apricots slices, combination salad (lettuce/onions/cabbage/cucumbers), a dinner roll, with a glass of tea. Clients passed the bowls of food to each other in a family style manner and started to eat at 6:00 PM. Client #5 ate ravioli with weighted utensils and wrist weights to assist her with visible hand tremors while she ate. Client #5 ate ravioli without chewing before swallowing. Client #5 spoke to staff #3 while she had ravioli in her mouth, and began to cough. Client #5 continued to cough and attempted to eat more ravioli. Staff #3, who sat on the right of client #5, moved client #5's plate, and monitored her cough. When the coughing had subsided, client #5 continued to take bites of ravioli and was</p>		W0210	<p>W210</p> <p>A doctor's appointment has been scheduled for client #5 and a request for an evaluation to assess her swallowing and recommended diet texture will be obtained. The physician would not respond to this request by phone and appointment has been scheduled for 2/17/12. The IDT met to discuss Norma's dining issues on 2/6/12. It was decided to revise her dining plan to a mechanical soft diet to reduce the risk of choking until a formal assessment can be done. Once recommendations are received from the new assessment the dining plan will be revised to reflect these. Staff will be trained on all revisions. QIDP or designee will observe at least weekly to ensure revised plan is being implemented.</p> <p>Responsible for QA: QIDP</p>		02/13/2012	

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	<p>prompted to place her utensil down between bites. Client #5 talked, drank tea and continued to eat the meal in a rapid manner; ignoring staff #3's verbal prompting. Staff #3 cut the vegetables of client #5's salad into smaller pieces. Client #5 ate the salad using her right hand to place pieces of cucumber into her mouth while she scooped salad onto her spoon with her left hand as staff #3 was monitoring other clients seated at the table.</p> <p>Review of client #5's record on 01/31/12 at 1:20 PM indicated a nutritional evaluation dated 4/11/11. The evaluation indicated the client's diet order was 1800 calories, regular consistency with "finger foods;" which were not defined in the evaluation. The nutritional evaluation indicated "no chewing or swallowing problems." The dietician did not indicate how she determined client #5 had no chewing/swallowing issues. There was no evidence that she had actually watched client #5 eat a meal during the evaluation. The record review indicated client #5's diagnoses included, but were not limited to, hand tremors and GERD/Gastro Esophageal Reflux Disease. The record review indicated the client's most recent occupational therapy/OT evaluation which addressed her mealtime skills was dated 11/18/11. The OT evaluation</p>						

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	<p>addressed the client's adaptive mealtime equipment in regards to her hand tremors. The evaluation did not address the client's lack of chewing, swallowing while talking, her GERD or her diet texture. The record review failed to indicate any evaluation of client #5's diet texture in regards to her oral motor skills and behaviors during meals (talking while eating, eating with both hands, drinking large amounts rapidly, and taking more bites of food before clearing mouth of previous food).</p> <p>On 01/31/12 at 2:00 PM staff #3 stated client #5 "scarfs down" her food and her salad needed to be cut into smaller pieces during the evening meal on 1/30/12.</p> <p>Interview with staff #1 on 1/31/12 at 2:15 PM indicated no evidence client #5's diet texture had been reassessed.</p> <p>9-3-4(a)</p>						